# **EXHIBIT 45**

Part III

Page 1 of 2

DEATHPatient died on: Aug 25, 2018

### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Medication Medications

### **Inactive Medication**

Medication	Start Date	<b>End Date</b>	Clinician	Status	Dist
	07/04/2018	10/02/2018	Victoria Gessner, MD	<b>₹Approved</b> 07/06/2018 1115 Discontinued	Sched
ASPIR-LOW81MG EC	<ol> <li>Approve</li> <li>Cancelle</li> </ol>	ed by Gessn ed by Syster automatically	ongacre, PA on 07-05-2018 at 10:57 am as F er, MD, Victoria on 07/06/2018 1115. m, CorEMR on 08/25/2018 1600. Reason: "In r changed to Discontinued by System on bel	nmate was released 08-25-201	
QD NDC: 00904770480	06/05/2018	08/03/2018	Victoria Gessner, MD	<b>✓Approved</b> 06/06/2018 1108 All Taken	Sched
	2. Approve 3. Status a 10:57 ar	ed by Gessn utomatically n	Hughes, PA on 06-05-2018 at 9:16 am as PC er, MD, Victoria on 06/06/2018 1108. changed to All Taken by System on behalf Longacre, PA on 07-05-2018 at 10:57am		5-2018 at
	08/15/2018	11/13/2018	Stephan Brautigam, PMHNP	XDenied 08/25/2018 1600 Discontinued	Sched
BUSPIRONE HCL10MG 1 TAB [PO] By Mouth BID	<ol> <li>Cancelle</li> <li>Status a 04:00 pr</li> <li>Denied I</li> </ol>	ed by Syster utomatically n by System, ( pm becaus	n Brautigam, PMHNP on 08-15-2018 at 12:25 m, CorEMR on 08/25/2018 1600. Reason: "It r changed to Discontinued by System on beh CorEMR on 08/25/2018 1600. Reason: Disa e Status was changed to an inactive state by	nmate was released 08-25-201 nalf of CorEMR System on 08-2 pproved by CorEMR System or	5-2018 at 1 08-25-2018
NDC: 00591065805	06/14/2018	09/11/2018	Stephan Brautigam, PMHNP	<b><sup>✔</sup>Approved</b> 06/21/2018 2230 All Taken	Sched
	<ol> <li>Approve</li> <li>Status a</li> <li>2018 at</li> </ol>	d by Brautic utomatically 12:29 pm	Brautigam, PMHNP on 06-14-2018 at 11:08 gam, PMHNP, Stephan on 06/21/2018 2230. changed to All Taken by System on behalf an Brautigam, PMHNP on 08-15-2018 at 12	of Stephan Brautigam, PMHNP	on 08-15-
DAILY VITES 1 TAB [PO] By Mouth QD NDC: 00536354710	07/05/2018	10/05/2018	Victoria Gessner, MD	√Approved 07/06/2018 1115 Discontinued	Sched
10000007710	<ol> <li>Approve</li> <li>Cancelle</li> </ol>	d by Gessned by Syster utomatically	ingacre, PA on 07-05-2018 at 10:57 am as F er, MD, Victoria on 07/06/2018 1115. n, CorEMR on 08/25/2018 1600. Reason: "Ir r changed to Discontinued by System on beh	nmate was released 08-25-201	

https://bucks.pcmemr.com/Modules/Chart/medication.php?pid=22811

1/20/2020

JA0000476

	08/15/2018 11/13/2018 Stephan Brautigam, PMHNP	XDenied 08/25/2018 1600 Discontinued	Sched
	Ordered by Stephan Brautigam, PMHNP on 08-15-2018 at 12:27     Cancelled by System, CorEMR on 08/25/2018 1600. Reason: "Ir     Status automatically changed to Discontinued by System on beh 04:00 pm     Denied by System, CorEMR on 08/25/2018 1600. Reason: Disay at 04:00 pm because Status was changed to an inactive state by pending	nmate was released 08-25-201 lalf of CorEMR System on 08-2 oproved by CorEMR System or	5-2018 at n 08-25-2018
ESCITALOPRAM	06/14/2018 09/12/2018 Stephan Brautigam, PMHNP	<b><sup>*</sup>Approved</b> 06/21/2018 2230 All Taken	Sched
OXALATE20MG 1 TAB [PO] By Mouth QD NDC: 60505278208	Ordered by Stephan Brautigam, PMHNP on 06-14-2018 at 11:07     Approved by Brautigam, PMHNP, Stephan on 06/21/2018 2230.     Status automatically changed to All Taken by System on behalf of 2018 at 12:27 pm     Reordered by Stephan Brautigam, PMHNP on 08-15-2018 at 12	of Stephan Brautigam, PMHNP	on 08-15-
	06/04/2018 07/03/2018 Stephan Brautigam, PMHNP	XDenied 06/14/2018 1107 Discontinued	Sched
	Ordered by Stephan Brautigam, PMHNP on 06-04-2018 at 9:20     Status automatically changed to All Taken by System on behalf of 2018 at 11:07 am     Denied by System, CorEMR on 06/14/2018 1107. Reason: Disal at 11:07 am because Status was changed to an inactive state by was still pending     Reordered by Stephan Brautigam, PMHNP on 06-14-2018 at 11	of Stephan Brautigam, PMHNF pproved by CorEMR System or r Stephan Brautigam, PMHNP	n 06-14-2018
	07/04/2018 10/02/2018 Victoria Gessner, MD	<b> ♣Approved</b> 07/06/2018 1115 Discontinued	Sched
	<ol> <li>Ordered by Molly Longacre, PA on 07-05-2018 at 10:57 am as F</li> <li>Approved by Gessner, MD, Victoria on 07/06/2018 1115.</li> <li>Cancelled by System, CorEMR on 08/25/2018 1600. Reason: "Ir</li> <li>Status automatically changed to Discontinued by System on beh 04:00 pm</li> </ol>	nmate was released 08-25-201	
	06/05/2018 08/03/2018 Victoria Gessner, MD	<b> √Approved</b> 06/06/2018 1108 All Taken	Sched
LISINOPRIL10MG 1 TAB [PO] By Mouth QD NDC: 00591040710	<ol> <li>Ordered by Megan Hughes, PA on 06-05-2018 at 9:15 am as PC Approved by Gessner, MD, Victoria on 06/06/2018 1108.</li> <li>Status automatically changed to All Taken by System on behalf 10:57 am</li> <li>Reordered by Molly Longacre, PA on 07-05-2018 at 10:57am</li> </ol>		5-2018 at
	06/05/2018 07/04/2018 Victoria Gessner, MD	XDenied 06/05/2018 0915 Discontinued	Sched
	<ol> <li>Ordered by Natasha Spier, LPN on 06-05-2018 at 5:57 am as Pt 2. Status automatically changed to All Taken by System on behalf 09:15 am</li> <li>Denied by System, CorEMR on 06/05/2018 0915. Reason: Disa at 09:15 am because Status was changed to an inactive state by pending</li> <li>Reordered by Megan Hughes, PA on 06-05-2018 at 09:15am</li> </ol>	of Megan Hughes, PA on 06-0 pproved by CorEMR System o	n 06-05-2018

JA0000477

#### **CHARLES JOSEPH FREITAG**

Sex: Male
DOB: 98/3/1/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 1954-8-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Altergies:
NKMA

#2018003096

Low Bunk, Low Tier, MHSR-C

Reports MAR by Month

Styling	Symbol	Result
1	¥	Received
1	×	Refused
1	A	Absent
17	0	Not Given
?	?	Missing
		Upcoming / Unsaved
-	-	Unscheduled

Initials	Name
KC	Coyle, LPN, Kimberty
NM	Martin, LPN, Nadine
кн	LPN Hill LPN, Kristin
SM	Mistretta, LPN, Sandra
SG	RN, ADON Grous, Samantha
MA	RN Ayers, Michael
тс	LPN Cox, LPN, Theresa
KS	Smith, LPN, Kyrie
ES	Schuler, LPN, Elizabeth
CN	RN Norfleet, RN, Christopher
AW	Wright, RN, Arron
СВ	LPN Baines, Cynthia
LB	LPN Brunson, LPN, Lanae
CG	LPN Gentile, Christine

#### June 2018

Medication	Clinician	Total %	Time	1 2 3	3 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31 9	6
ASPIR-LOW81MG EC 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	100%	0800		-						W NM 0848		SG 0857	√ KC 0853																	√ SM 1010	10	0%
BUSPIRONE HCL10MG 1 TAB (PO) By Mouth	Brautigam,		0800		-	-		-	-	-	-	-	-	-	-	V NM 0918				SG 0850											SM 1010	10	0%
	PMHNP, Stephan	100%	2000		-	-		-	-	-	-	~	ř	-	√ MA 1923	TC 1850		√ ES 2223		√ KC 2142											√ ES 1940	10	0%
	Brautigam, PMHNP, Stephan	100%	0800							√ KC 091					√ NM 0954 1		/ KS 0903	√ KH 0855 1	√ SG 0903 1	↓ SG 0850											SM 1010	10	0%
LISINOPRIL10MG 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	96%	0800		_	,			√ SM 0912 1	√ KC 091	// NM 0848	√ SG 0907	SG 0857	/ KC 0853	√ NM 0954	√ NM 0918	√ KS 0903	√ KH 0855 1	./ SG 0903 1	√ SG 0850		√ CN 0900 1									√ SM 1010	96	%

#### July 2018

Medication	Clinician	Total	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	%
ASPIR- LOW81MG EC 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	97%	0800	√ SM 1018 1	√ NM 1036	√ KC 1344 1	√ AW 0908 1	√ SM 1219 1	√ KH 1010	V NM 0945	√ NM 0952 1	√ SM 0851 1	√ SM 0950 1	√ KS 1054	√ NM 1028	√ NM 0958	A KS 1242	√ SG 0914 1	NM 1046	√ SG 0934 1	√ NM 1005	AW 0945	√ SG 0929 1	√ KS 0957 1	√ NM 1015	√ SM 0945 1	√ KH 1005	√ KC 1005	√ ES 0925 1	√ KS 1012	√ KS 1007	AW 0907	√ SG 0954	/ KC 0939	97%
BUSPIRONE HCL10MG 1 TAB [PO] By	Brautigam,	97%	0800			√ KC 1344 1	√ AW 0908 1	√ SM 0927 1	/ КН 1010 1	√ NM 0945 1	√ NM 0952 1		√ SM 0950 1	√ KS 1054 1	√ NM 1028	V NM 0958	A KS 1242	√ SG 0914 1	√ NM 1046 1	√ SG 0934 1	/ NM 1005 1	√ AW 0945 1	√ SG 0929 1	√ KS 0957 1	√ NM 1016 1	√ SM 0945 1	√ KH 1005 1	√ KC 1006 1	√ ES 0925 1	√ KS 1012 1	√ KS 1007 1	V AVV 0907	«/ SG 0954 1	KC 0939	97%
Mouth BID Scheduled	Stephan			√ ES 1955 1	√ TC 1930 1	√ MA 2021 1	√ KC 1914 1	√ KH 2050 1	√ TC 1947 1	A TC 2006				√ ES 2021 1			√ ES 2008 1	√ MA 1948 1	1						√ TC 1944 1							ES 2013	√ CB 2044 1	√ KC 2023	97%
DAILY VITES 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	96%	0800	- 1 		1	,	1	✓ KH 1010 1	√ NM 0945 1	√ NM 0952 1	SM 0851 1	√ SM 0950 1	√ KS 1054 1	// NM 1028 1	√ NM 0958 1	A KS 1242	√ SG 0914 1	√ NM 1046 1	5G 0934 1	W NM 1005	√ AW 0945 1	√ SG 0929 1	√ KS 0957 1	√ NM 1016	SM 0945 1	√ KH 1005 1	√ KC 1006 1	√ ES 0925 1	√ KS 1012 1	√ KS 1007 1	AW 0907	√ SG 0954 1	√ KC 0939 1	96%
ESCITALOPRAM OXALATE20MG 1 TAB [PO] By Mouth QD Scheduled	Brautigam, PMHNP, Stephan	97%	0800	√ SM 1018 1	√ NM 1036 1	√ KC 1344 1	√ AW 0908 1	√ SM 0927 1	/ KH 1010 1	√ NM 0945 1	√ NM 0952 1	√ SM 0851 1	√ SM 0950 1	√ KS 1054 1	√ NM 1028	√ NM 0958 1	A KS 1242	√ SG 0914 1	√ NM 1045 1	SG 0934	√ NM 1005 1	// AW 0945 1	√ SG 0929 1	√ KS 0957 1	√ NM 1016 1	SM 0945 1	√ KH 1005 1	√ KC 1006	∳ ES 0925 1	√ KS 1012 1	√ KS 1007 1	AW 0907	√ SG 0954 1	√ KC 0939 1	97%
LISINOPRIL10MG 1 TAB [PO] By Mouth QD Scheduled		97%	0800		√ NM 1036 1	V KC 1344 1	√ AW 0908 1	√ SM 1219 1	√ KH 1010	√ NM 0945 1	₩ NM 0952 1	√ SM 0851 1	√ SM 0950 1	√ KS 1054 1	W NM 1028	V NM 0958	A KS 1242	√ SG 0914 1	√ NM 1046 1	% SG 0934 1	√ NM 1005	√ AW 0945 1	√ 5G 0929 1	√ KS 0957 1	√ NM 1016 1	√ SM 0945 1	√ KH 1005 1	√ KC 1006 1	√ ES 0925 1	₩ KS 1012 1	∜ KS 1007 1	AW 0907	√ SG 0954 1	√ KC 0939 1	97%

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#### August 2018

Medication	Clinician	Total	Time	1	2	3	4	5	6	7	a	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26 2	27 24	8 29 :	30 3	1 %
ASPIR-LOWB1MG EC 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	92%	0800	A AW 0949	14040	√ SG 0936 1		KS 1010	√ SG 1002	SM 1004 1	√ KC 0956 1	7	CN 1016 1	KH 0925 1		√ SG 0914 1				CN 1001								√ SM 0915	-	-	-	-	92%
BUSPIRONE HCL10MG 1 TAB (PO) By Mouth	Brautigam,	94%	0800	A AW 0949		SG 0936				SM 1004 1	KC 0956 1	?	CN 1016	√ KH 0925 1											√ KC 0931 1	√ CN 0906 1		√ SM 0915	-		-	-	92%
BIO Scheduled	PMHNP, Stephan	ľ	2000	√ KH 1954 1	√ KH 1944 1		√ TC 1923 1	√ TC 1811 1	√ ES 2034	√ MA 2020	√ KH 1954 1	✓ MA 2001	SG 1936	ES 2012 1	√ MA 1955 1	√ LB 1934 1	√ MA 1947 1	∠ ES 1936 1	KH 1930 1	SM 2131	√ LB 1935 1	√ TC 1954 1	√ AW 1928 1	€ ES 1944 1	A KH 2130	⊮ KC 2123 1	√ LB 1947	4			-	-  -	96%
DAILY VITES 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	92%	0800	A	SM	¥ SG	¥ KS	₩	SG	¥.	KC	,	CN	V	sM.	∳ SG	CN.	AW.	√ SM	CN	KS	CN	√ SG	SM	KC	CN	CG	SM	-		-		92%
	Brautigam, PMHNP, Stephan	92%	0800	A AW 0949	14040	√ SG 0936 1	√ KS 0948 1	√ KS 1010 1	√ SG 1002	SM 1004 1	√ KC 0956 1	?	√ CN 1016	/ КН 0925 1	√ SM 0917 1	√ SG 0914 1	CN 0945	√ AW 0934 1	√ SM 0908 1	√ CN 1001	√ KS 0945	√ CN 0938 1	√ SG 0853 1	SM 1013				√ SM 0915			-	-	92%
LISINOPRIL10MG 1 TAB [PO] By Mouth QD Scheduled	Gessner, MD, Victoria	92%	0800	A AW 0949	1010					√ SM 1004 1	V KC 0956 1	?	CN 1016 1	KH 0925 1														√ SM 0915 1	-	-	-	-	92%

△Mental Health Intake - ver. 1.0-OLD

JMS ID: DOB: Age: Agency: 125635 Location: 08/31/1960 Ethnicity: 59 Interviewer:

[OUT]

Mahoney, Psy.D., Jessica (06/05/2018 0932)

CHARLES JOSEPH FREITAG #2018003096

	Presenting problem/complaint:	Pt. requested to see MH.	
Γ		Continuity of care	
		Medication management	
	What is patient requesting?	Clearance from suicide level	
		Other (describe)	
	Current criminal charges:	Pt. reported that he is here for of his court date.	r Aggravated Assault. He is not sure
L	Next court date:		
	Previous incarcerations jail/prison:	Yes - Please specify No	
	Drug and Alcohol history:		Denied
	Include length of use, amount of use and periods of sobriety		Denied
r	Last use of Drugs or Alcohol:		
		Yes (provide details)	
	Substance Abuse Treatment History	O No	Denied
	Mental Health Treatment:	Pt. was in therapy for depress	ion.
	Medication History:	Pt. reported that he was on a not recall what it was.	medication for depression. He could
		Yes	
	Medication Effectiveness:	○ No	
	Psychiatric Hospitalizations:	Pt. reported that he was hosp	italized in Friends in February.
		Plan, Method, Intent, Lethality, Rescue	
	Suicidal Ideation:	History of Suicide Attempts	Pt. reported that he has had had thoughts of suicide in the past year
		Drugs or alcohol involved	three times with the most recent time in September 2017.
		History of Self Mutilation	
	Highest Level of Education:		HS
	Include grade level and highest degree obtained		пъ
	Employment History:	USPS	
	Marital Status:	Single Never Married	son who is 35.
		Single	
		Separated	
		Married	
		Significant Other	

https://bucks.pcmemr.com/Modules/Forms/form\_record.php?action=view&form\_record\_i... 1/20/2020

			Children - Number and Ages	
		Ø	Divorced	
П			Parents	
Ш		$\square$	Family	
П			Friends	
П	Support system:		Spouse	
П			Significant Other	
			Other	
П			Mother	
П			Father	
П			Siblings	
П	Family history of drug and alcohol abuse/dependence:		Significant other	None reported
			Maternal side	
			Paternal side	
П			Mother	
Ш			Father	
П			Siblings	
П	Family history of mental illness:		Significant other	None reported
Ш			Maternal side	
			Paternal side	
	Current Stressors:		ne reported	
	Montal Status Evangation (See Montal Status Form)	0	Completed	
	Mental Status Examination (See Mental Status Form):	0	Not Completed	
П	Diagnostic impression:	Pt.	reported a history of depre	ession. Pt. shared that he is sad, He shared that eh sometimes starts to
Ш	Diagnostic impression.	hav	e thoughts of harming him	self when he becomes depressed.
П			Constant Watch	
П			15 Min. Watch	
Ш			Strip Cell	
			Housing Recomendations	
	Plan:	V	Refer to Psychiatry for Medication Evaluation	
		V	Complete a Sick Call as Needed	
			Recommend group psychotherapy	

## ∆Mental Status Exam-OLD

JMS ID: DOB: Age: Agency: 125635 08/31/1960 59 county Location: Ethnicity: Interviewer: [OUT]

LPC James, LPC, Avia (07/31/2018 1514)

CHARLES JOSEPH FREITAG #2018003096

Mental Status Exam	and the second s
	✓ Age Appropriate
	Well-groomed
Appearance	Disheveld, Unkempt
Appearance:	Bizarre
	Malodorous
	Other
	∇ Person
Orientation:	▼ Time
	Situation
	✓ Good
Behavior For Contact	Limited
Behavior: Eye Contact	Avoidant
	None
	Relaxed and Calm
	Restless
	Rigid
	Agitated
Behavior: Motor Activity	Slumped posture
	<b>▼</b> Tense
	Tics
	Tremors
	Trusting
	[ Inappropriate
	☐ Withdrawn
	☐ Agitated
Manner:	☐ Hostile
	Guarded
	Defensive
	Manic Manic
	Minimizes symptoms
	Exaggerates symptoms
Speech: (rate, volume, etc.):	Normal

https://bucks.pcmemr.com/Modules/Forms/form\_record.php?form\_record\_id=325149

II.	Incoherent
	Pressured
	☑ Too detailed
	Slurred
	Slowed
	Halting
	Clanging
<b>+</b>	Normal
	✓ Depressed
	Irritable
ll	Anxious
Mood:	Euphoric
	Fatigued
	The state of the s
	Angry
	Broad
	▼ Tearful
Affect:	Blunted
Allect.	Constricted
	☐ Flat
	☐ Labile
	Good
	☑ Fair
Sleep:	Poor
	☐ Increased
	Decreased
	Good
	<b></b> Fair
Appetite:	Poor
''	☐ Increased
	☐ Decreased
	Logical, organized
	Illogical
	Flight of Ideas
	Circumstantial
Thought Process:	☑ Loose associations
	Rambling
	<b>⊘</b> Obsessive
	Blocking
	Tangential
	Normał
	Impaired
	Paranoid
  Thought Content:	Obsessive
Thought Conton.	▼ Fearful/Phobic
	☐ Delusional
	Other (describe)
Hallucinations:	
Hallucinations:	∇ None Evident

 $https://bucks.pcmemr.com/Modules/Forms/form\_record.php?form\_record\_id=325149$ 

1	Auditory
	☐ Verbal
	Command
	Olfactory
	Gustatory
	Tactile
	harcourt .
	✓ None Evident
	Being controlled
	Of reference
	Persecutory
Delusions:	☐ Grandiose
	Erotomatic
	Somatic
	Paranoid
	Other (describe)
	None
Suicide Risk:	✓ Low
Suide Nak.	Moderate
	Severe
	No Plan
Suicide Risk (Plan):	Plan, describe:
	None
	() Low
Violence Risk:	Moderate
	Severe
Violence Bick (Plan):	No Plan
Violence Risk (Plan);	Plan, describe:
	Intact
	Mild impairment
Judgment:	Moderate impairment
	Severe impairment
	mpulsive
	(i) Intact
Insight regardless awareness of presence of the disorder:	Limited
prosent regulatess awareness of presence of the disorder.	○ Fair
	None
	Alert
	Drowsy
Sensorium (Level of Consciousness):	
	Distracted
	Delayed Response
	Topics Control of the
Memory:	transpart .
	Impaired (describe)
Intelligence:	Average
	Above Average
	Below Average

https://bucks.pcmemr.com/Modules/Forms/form\_record.php?form\_record\_id=325149

		Unable to Establish	
by	ummary of Impressions: Provide a clinical opinion of the individual y pulling together the collected historical information in order to entify possible relationships, conditions, and causes leading to the urrent situation:	Pt exhibited depressive/anxious sx, situation-bound. Pt was otherwise fully engaged, oriented and cooperative.	

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Flow Sheets Nebulizer

## **Nebulizer Checks**

No flow records to display.

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Flow Sheets Neuro Checks

#### **Neuro Checks**

No flow records to display.

JA0000487

#### NOTIFICATION OF MEDICAL SERVICES

#### NOTIFICATION OF MEDICAL SERVICES

PrimeCare Medical, Inc. provides the medical care for this facility. A tuberculosis test will be performed within 72 hours after your arrival. If you have any special medical, dental or emotional problems, please be sure to inform the medical department staff of your problem at the time of your interview with them.

PrimeCare Medical and the National Commission on Correctional Health Care strongly believe access to health care services is the foundation of any acceptable correctional health services program. Accordingly, no inmate – indigent or otherwise – will be denied treatment based upon lack of ability to pay. As a result, I fully understand any treatment I may require and am entitled to will be unaffected by whether I sign a Release of Financial Responsibility form concerning any pre-existing illness/injury. This form shall allow PrimeCare Medical to access any available insurance or alternate method of reimbursement.

#### HOW TO SIGN UP FOR SICK CALL

If during your confinement you need to see a Nurse or Doctor concerning a problem please follow the instructions that have been given to you. A Nurse for sick call will see you daily. The Nurse will see you personally and provide treatment as necessary. If your complaint warrants treatment by the institution physician you will be seen at the next doctor's line.

#### MEDICAL EMERGENCY

If you have an emergency medical problem, contact your housing officer immediately and he/she will contact the Medical Department.

Patient Signature

Jennyley Much RN 6/4/2018

Interviewer's Signature Date

1 of 2

Form 9028A

PCM Forms Manual © 2008 Revised 2012

## Patient Follow-Up Sheet

Patient Name: Freitag Charles Date of Birth: 831/60
Identification Number: 125 035 Cell Location: E5
Date of Service:
Service Type:  Lab X-Ray EKG Intake Testing
Your recent test(s) results performed by the Medical Department have been reviewed by the Medical Provider. The Provider has determined that:
You have been scheduled for a follow up visit which should occur on
The results are considered within normal ranges, no further visits are required. If you continue to have any concerns/issues please resubmit a sick call request.
Sincerely,
Medical Department  Date: 06 (15) 16
Medical Signature

## Patient Follow-Up Sheet

Patient Name: Freita Marie Date of Birth: 831 60  Identification Number: 125635 Cell Location: E5
Date of Service: 0 4 18  Service Type: Lab X-Ray EKG Intake Testing
Your recent test(s) results performed by the Medical Department have been reviewed by the Medical Provider. The Provider has determined that:  You have been scheduled for a follow up visit which should occur on
The results are considered within normal ranges, no further visits are required. If you continue to have any concerns/issues please resubmit a sick call request.
Sincerely,  Medical Department  Date: 013/18  Medical Signature
PCM Forms Manual © 2013

## Patient Follow-Up Sheet

Patient Name: Charles Freitag Date of Bir	th: 8/3//(Q()
Identification Number: 125 635 Cell Location	on: A14+
Date of Service: Q 27/18  Service Type:  Lab X-Ray EKG	i Intake Testing
Your recent test(s) results performed by the Medical Department Medical Provider. The Provider has determined that:	t have been reviewed by the
You have been scheduled for a follow up visit which sho	uld occur on Clinic
The results are considered within normal ranges, no furth continue to have any concerns/issues please resubmit a si	- ·
O'lu	
Sincerely,  Medical Department	Date: 6/28/18
,	97772
	Medical Signature

PCM Forms Manual © 2013

Patient Follow-Up Sheet
Patient Name: 8 31 60
Identification Number: 185035 Cell Location: 15 9
Date of Service:  Service Type:  Lab  X-Ray  EKG  Intake Testing
Your recent test(s) results performed by the Medical Department have been reviewed by the Medical Provider. The Provider has determined that:
You have been scheduled for a follow up visit which should occur on 500000000000000000000000000000000000
The results are considered within normal ranges, no further visits are required. If you continue to have any concerns/issues please resubmit a sick call request.
Sincerely,
Medical Department  Date:

PCM Forms Manual © 2013

#### **CHARLES JOSEPH FREITAG**

#### #2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Problems Chronic Care

## **Chronics**

**Open Chronics** 

(No Chronics)

**Closed Chronics** 

(No Chronics)

JA0000493

#### **CHARLES JOSEPH FREITAG**

#### #2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Problems Problems

#### **Problems**

#### **Open Problems**

Opened PSYCHOLOGICAL / MENTAL HEALTH J 07/31/2018 1217 Related Records Medical Notes Cassidy, PsyD, Abbey Sick Calls: (none) Close Problem • 07-31-2018 - Please check in today (7/31) at request of Deputy Warden... • 08-06-2018 - LV3 Client seen in office at 10:18 am. Client... 08-08-2018 - LV3 Pt. seen in MH. He reported that he is sleeping and... 08-14-2018 - LV3 Client seen in office at 7:53 am. Client reported... • 08-03-2018 - LV3 08/03/2018, 10:22am: pt seen by this writer in her... · 08-01-2018 - LV3 0801/2018, 02:54pm: pt seen by this writer in her... 08-10-2018 - LV3 Client seen in office at 1:16 pm. Client stated... 08-17-2018 - LV3 Client seen in office at 11:20 am. Client stated he... • 08-22-2018 - 1/3 LV3 FU Pt. seen in MH. Pt. reported that he is doing... 08-23-2018 - 1 week LV3 FU: Court Tomorrow for Sentencing, Review... Tasks: · 07-31-2018 - Please check in today (7/31) at request of Deputy Warden Mitchell. Thanks! • 08-01-2018 - LV3 🚜 🖵 08-14-2018 - MH FU: see pt before trial
 08-20-2018 - 1/3 LV3 FU 08-23-2018 - 1 week LV3 FU: Court Tomorrow for Sentencing, Review 08-28-2018 - MH FU after court. • 11-07-2018 - 12 week f/u 🖫 Opened CARDIAC 🥕 06/04/2018 1526 Related Records Medical Notes 🖑 RN Sariego, RN, Jennifer Sick Calls: (none) Close Problem • 07-05-2018 - CCC = HTN; Psych (Depression, Anxiety). Labs 6/27/18:... Tasks:

https://bucks.pcmemr.com/Modules/Chart/problems.php?pid=22811

- 06-06-2018 sign off 🗗 06-29-2018 - Seen 6/5, sch HTN ccc 7/5.
   07-05-2018 - CCC = HTN; Psych (Depression, Anxiety). Labs 6/27/18: CMP, FLP, CBC TSH... • 08-04-2018 - BP checks 🧈 🖵 • 08-25-2018 - Hospital Update 📮
- Opened 06/04/2018 1518 RN Sariego, RN, Jennifer

Close Problem

Suicidal (Full) 2 Related Records Sick Calls: (none)

Tasks: (none)

#### Medical Notes

- · Per OMS patient released from system 8/25/18
- @ 1435 [08/27/2018 1417] 
  Correction to Emergency Flowsheet: EMS arrived at approx 1115. Per Sgt Rupp, EMS pronounced him dead at 1119 while still on the block. [08/25/2018 1203] 😓

#### **Closed Problems**

(No Problems)

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Flow Sheets Respiratory

### Respiratory

No flow records to display.

JA0000496

# - original manual to Hamisbury- Main office

## PRIME CARE MEDICAL, INC.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: Charus Evertag Address: Bull's Canty Duyon	SSN: 195-48-0717.  Date of Birth: 8-31-400
I hereby authorize Prime Com White portions of my health records described bel for the following purposes: (DIA COLUMN)	ow to vached passible bucks to Haw
Specific Information	on Covered by this Authorization
THE FOLLOWING INFORMATION IS  SPECIALLY PROTECTED BY STATE LAW. IF ANY OF THIS INFORMATION APPLIES TO YOU, PLEASE INDICATE ANY OR ALL OF THE INFORMATION YOU WOULD LIKE TO MAKE SUBJECT TO THIS AUTHORIZATION: (MAlgohol/Drug Abuse Records Initials (Mental Health Records Initials (MIV Related Info. Initials	( Discharge Summary Initials ( ) History/Physical Info. Initials ( ) Laboratory Studies Initials ( ) X-ray Reports Initials ( ) Operative Reports Initials ( ) Pathology Reports Initials Date(s) of Service and/or medical Information specific to this request:
Authorization, in writing, at any time. I also impact any action taken in reliance on this At revocation.  I understand that my treatment may not be compact.	rom the date that I sign it. I understand that I may revoke this a understand that my revocation of this Authorization will not athorization prior to PrimeCare Medical's receipt of my written conditioned on my agreement to sign this Authorization. I also pursuant to this Authorization may be subject to re-disclosure by
I understand the nature of this Authorization.  Light A Justine Patient Stenature	6-8-18 Date
If the above signatory is a personal represen	ntative, their legal relationship to the patient/client is:
Signature of staff person obtaining authorization	on:
If this Authorization authorizes the release substance abuse treatment information, the being released:	of Mental Health Records, HIV-related information, or following statement must be included with the information
law prohibits you from making any further dis- permitted by the written authorization of the	om records whose confidentiality is protected by state law. State sclosure of this information unless further disclosure is expressly person to whom it pertains or is otherwise permitted by law. A di or other information is not sufficient for this purpose.
Form 9106	PCM Forms Manual © 2009

#### FW: Medical Records Request - Charles Freitag - BKS

BKS Health Services Admin
Sent: Tuesday, July 03, 2018 11:16 AM
To: Tiffany Morykan, MBA, CCHP
Attachments:20180629114452489.pdf (207 KB)

----Original Message---From: Lisa M. Del Vecchio [mailto:ldelvecchio@primecaremedical.com]
Sent: Friday, June 29, 2018 11:42 AM
To: Zernhelt, Alynn M. <amzernhelt@buckscounty.org>
Co: Sandra Ulerick, MBA, CCHP <sulerick@primecaremedical.com>; Merrizza Collins <mcol

Cc: Sandra Ulerick, MBA, CCHP (sulerick@primecaremedical.com); Merrizza Collins (mcollins@primecaremedical.com) Subject: Medical Records Request - Charles Freitag - BKS

manyaran samaran samaran saqaran assa assa assa sa assa sa assa

Please see attached. You may release a copy of the requested records. Please send me an email when records have been released. Thank you.

#### Lisa

Lisa M. Del Vecchio
Medical Records Clerk
PrimeCare Medical, Inc.
3940 Locust Lane
Harrisburg, PA 17109
717-545-5787 ext. 1137
717-364-1235 (fax)
ldelvecchio@primecaremedical.com

----Original Message----From: Info at PrimeCare

Sent: Friday, June 29, 2018 11:45 AM

To: Lisa M. Del Vecchio

Subject: Message from "RNP002673BE78EB"

This E-mail was sent from "RNP002673BE78EB" (MP 4054).

Scan Date: 06.29.2018 11:44:52 (-0400) Queries to: Info@primecaremedical.com

This communication, along with any and all attachments, contains PRIVILEGED and CONFIDENTIAL INFORMATION intended only for the use of the recipient named above. The information may be protected by state and federal laws, including, without limitation, the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which prohibit unauthorized disclosure. If you are not the intended recipient, you are hereby notified that any use or dissemination of this information is strictly prohibited. If the reader or recipient of this communication is not the intended recipient, an employee or agent of the intended recipient or you believe that you have received this communication in error, please notify the sender immediately by return e-mail. The email should also be promptly deleted. Any review, retransmission, dissemination or duplication of this e-mail and/or attachments, will be considered unauthorized use and is prohibited.

#### Please Be Advised

The County of Bucks has changed our email domain from co.bucks.pa.us to BucksCounty.org. In order to continue sending emails to our personnel, please adjust all of your county contacts to our new @buckscounty.org domain. Thank you.

The information in this email is confidential and may be legally privileged and protected under State and/or Federal Laws. It is intended solely for the addressee. Access to this email by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it, is prohibited and may be unlawful.

If you believe that you have received this email in error, please contact the sender or call 215-348-6000.

\*\*\*\*\*\*\*\*



The Choice for Quality Correctional Healthcare

## RESPONSE TO REQUEST FOR MEDICAL RECORDS

Patient:	Ch	arles Freitag Facility: BK3		
We are	in recei	pt of your request for medical records.		
	مسو	Request is approved - submit payment as instructed below.		
Unfort	unately	, we cannot grant your request at this time for the following reason(s):		
	۵	Request for Records is not signed.		
		No Authorization to Release Personal Health Information provided.		
		Identify prison/jail/juvenile facility records are being sought.		
	<b>0</b>	Authorization is not HIPAA compliant.		
	0	Request for Records is not accompanied by proper proof that person, someone other than the patient, has appropriate authority to so make request on behalf of patient (i.e. proof of Power of Attorney, Executor/Administrator of the Estate).		
	۵	Request does not identify what records are being sought.		
		Authorization is not addressed to PrimeCare Medical, Inc., returning HIPAA compliant Authorization for correction.		
	0	Enclosed for your convenience is a PrimeCare Medical, Inc. HIPAA compliant medical records request form.		
		There are no records for this patient at this facility.		
	. 🗅			
Please provide missing information and/or complete forms fully and accurately (make sure you properly designate/initial all type of records you want) and return it to our office at: Attn: Privacy Officer, 3940 Locust Lane, Harrisburg, PA 17109.				
The estimated cost for production of the records is \$ (see attached invoice). Upon receipt of the <u>properly and completed</u> form(s) and payment of the estimated cost of reproduction, we will process your request.				
Respectfully,				
		Privacy Officer  Mailed/E-Mailed/ERE/Faxed: 7/2/18		
(May 20	117)	3940 Locust Lane • Harrisburg, PA 17109 (717) 545-5787 • 1-800-245-7277 • FAX: (717) 545-5491		

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: Charles typitag Address: Byars Canty Swon	SSN: 195-48-0717.  Date of Birth: 8-3140
I hereby authorize Prime Care Medical Trice portions of my health records described below to Lack for the following purposes: (DIV) addited missing purposes:	let pussioned back to have
Specific Information Covered b	by this Authorization
SPECIALLY PROTECTED BY STATE LAW. IF ANY OF THIS INFORMATION APPLIES TO YOU, PLEASE INDICATE ANY OR ALL OF THE INFORMATION YOU WOULD LIKE TO MAKE SUBJECT TO THIS AUTHORIZATION: () Alophol/Drug Abuse Records In Initials () Mental Health Records In Initials () Date(s) of	Initials  VPhysical Info. Initials  tory Studies Initials
This Authorization will expire one (1) year from the date: Authorization, in writing, at any time. I also understand impact any action taken in reliance on this Authorization prevocation.  I understand that my treatment may not be conditioned or understand that information used or disclosed pursuant to the persons listed above and may no longer be protected.	rior to PrimeCare Medical's receipt of my written
I understand the nature of this Authorization.  Lark Joseph Patient Stenature	6-8-18 Date
If the above signatory is a personal representative, their	legal relationship to the patient/client is:
Signature of staff person obtaining authorization:	
If this Authorization authorizes the release of Mental H substance abuse treatment information, the following st being released:	ealth Records, HTV-related information, or attement must be included with the information
This information has been disclosed to you from records we law prohibits you from making any further disclosure of the permitted by the written authorization of the person to we general authorization for the release of medical or other in	hom it pertains or is otherwise permitted by law. A

Form 9106

SÉAN R. RYAN Chief Adult Probation & Parole Officer ADULT PROBATION AND PAROLE DEPARTMENT

Court of Common Pleas of Bucks County SEVENTH JUDICIAL DISTRICT OF PENSYLVANIA





JEFFREY L. FINLEY President Judge

June 26, 2018

RECEIVED

HAM 2 8 2015

Prime Care Medical, Inc. 3940 Locust Lane Harrisburg, PA 17109

RE: Charles Freitag

DOB: 8-31-60 SS#: 195-48-0717

Attention: Medical Records

To Whom It May Concern:

The Court of Common Pleas of Bucks County has ordered a pre-sentence investigation on the above referenced defendant. As a result, all records pertaining to the defendant are required. Enclosed is a confidential release of information authorizing the release of his records.

The information may be faxed, mailed, or emailed to my attention to the Bucks County Adult Probation/Parole Department 261 California Rd., Suite 3, Quakertown, PA 18951, Fax number 215-529-7138, email rjfassbender@buckscounty.org. Time constraints exist; therefore the court would respectfully request an expedited response if possible. Additionally, because this information is being requested by a public entity, no fees will be paid for processing. I may be reached at 267-884-3235 if there are any questions. Thank you for your cooperation in this matter.

Sincerely,

Rachel J. Fassbender Adult Probation/Parole Officer Pre-Sentence Investigator

**Enclosure** 

Administrative Office:
55 East Court Street, 7th Floor
Bucks County Courthouse
Doylestowa, PA 18901
Phone: (215) 348-6634
Fax: (215) 348-6691

Central Bucks Unit: 55 East Court Street, 7th Floor Bucks County Courthouse Doylestown, PA 18901 Phone: (215) 348-6102 Fax: (215) 348-6253 Lower Bucks Units:
600 Louis Drive, Suite 100
Warminster, PA 18974
Phone: (215) 444-2600
Fax: (215) 444-2601

Upper Bucks Unit:
261 California Drive, Suite 3
Government Services Center
Quakertown, PA 18951
Phone: (215) 529-7081
Fax: (215) 529-7138



## PRIMECARE MEDICAL, INC. 3940 LOCUST LANE HARRISBURG, PA 17109

PHONE: (717) 545-5787 - FAX: (717) 364-1235

DATE:

November 12, 2018

**FAX NUMBER:** 

215-925-5365

TO:

Cal Barnett-Mayotte

FROM:

Lisa M. Del Vecchio Medical Records Clerk

RE:

**Medical Records Request** 

Charles Freitag, Sr.

**Bucks County Department of Corrections** 

NUMBER OF PAGES SENT (INCLUDING COVER PAGE): 5

#### **CONFIDENTIALITY NOTICE**

This facsimile contains PRIVILEGED and CONFIDENTIAL INFORMATION intended only for the use of the recipient named above. The information may be protected by state and federal laws, including, without limitation, the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which prohibit unauthorized disclosure. If you are not the intended recipient, you are hereby notified that any use or dissemination of this information is strictly prohibited. If you have received this fax in error, please immediately notify the sender and either destroy the documentation or return it to the address provided above. Thank you.



The Choice for Quality Correctional Healthcare

## RESPONSE TO REQUEST FOR MEDICAL RECORDS

Patient	Ch	varies Freitas Facility: BKS		
We are in receipt of your request for medical records.				
	₽/	Request is approved – submit payment as instructed below.		
Unfort	Unfortunately, we cannot grant your request at this time for the following reason(s):			
		Request for Records is not signed.		
		No Authorization to Release Personal Health Information provided.		
я	<b>Q</b>	Identify prison/jail/juvenile facility records are being sought.		
	<b>D</b> • •	Authorization is not HIPAA compliant.		
		Request for Records is not accompanied by proper proof that person, someone other than the patient, has appropriate authority to so make request on behalf of patient (i.e. proof of Power of Attorney, Executor/Administrator of the Estate).		
		Request does not identify what records are being sought.		
		Authorization is not addressed to PrimeCare Medical, Inc., returning HIPAA compliant Authorization for correction.		
		Enclosed for your convenience is a PrimeCare Medical, Inc. HIPAA compliant medical records request form.		
		There are no records for this patient at this facility.		
	0			
Please provide missing information and/or <u>complete forms fully and accurately</u> (make sure you properly designate/initial all type of records you want) and return it to our office at: <u>Attn: Privacy Officer, 3940</u> <u>Locust Lane, Harrisburg, PA 17109.</u>				
receipt	timated t of the <u>r</u> s your re	cost for production of the records is \$\\\ \frac{137.93}{\text{.93}}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		Respectfully,		
		Privacy Officer  Mailed/E-Mailed/ERE/Faxed: 1112-18		
		ump		
(May 20)	17)	3940 Locust Lane • Harrisburg, PA 17109 (717) 545-5787 • 1-800-245-7277 • FAX: (717) 545-5491		



#### INVOICE

The Choice for Quality Correctional Healthcare.

November 12, 2018

Kairys, Rudovsky, Messing, Feinberg & Lin, LLP ATTN: Cal Barnett-Mayotte, Paralegal The Cast Iron Building 718 Arch Street, Suite 501 South Philadelphia, PA 19106

RE: Charles J. Freitag, Sr.

**Bucks County Department of Corrections** 

Charges for the Copying of Medical Records:

(pages 1 - 20: \$1.51 per page)	<u>20 x \$1.51</u> :	\$ 29.20
(pages 21-60: \$1.12 per page)	<u>40 x \$1.12</u> :	\$ 43.20
(pages 61†: \$0.38 per page)	100 x \$0.38:	\$ 38.00
Retrieval Fee:		\$ 22.48
Postage Fee: First Class Mail		\$ 5.05
*	Total:	<u>\$137.93</u>

## Please Make Check Payable To: PrimeCare Medical, Inc.

Please mail check for this invoice to:

Attention Privacy Officer PrimeCare Medical, Inc. 3940 Locust Lane Harrisburg, PA 17109

We do not accept personal checks. Corporate checks, certified checks or Money Order only. (MUST be paid before any records are released.)

(2014 - PA Attorney/Third Party Invoice for Medical Records)

3940 Locust Lane • Harrisburg, PA 17109 (717) 545-5787 • 1-800-245-7277 • FAX: (717) 545-5491

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient Name: Charles Freitag	SSN: 195 48 0717		
Address: Deceased	Date of Birth: 8/31/1960		
I hereby authorize PrimeCare Medical, Inc. at E	Bucks County Correctional Facility (facility)		
to release copies of the portions of my health reco	ords described below to Jonathan H. Feinberg, Esq.		
for the following purposes: Legal consultation			
*and the law offices of Kairys, Rudovsky, Messing, Fe	einberg & Lin, LLP		
Specific Information Cov	vered by this Authorization		
THE FOLLOWING INFORMATION IS SPECIALLY PROTECTED BY STATE LAW. IF ANY OF THIS INFORMATION APPLIES TO YOU, PLEASE INDICATE ANY OR ALL OF THE INFORMATION YOU WOULD LIKE TO MAKE SUBJECT TO THIS AUTHORIZATION:  ( ) Alcohol/Drug Abuse Records ( ) Mental Health Records ( ) HIV Related Info.  Initials Initials	( ) Discharge Summary ( ) History/Physical Info. ( ) Laboratory Studies ( ) X-ray Reports ( ) Operative Reports ( ) Pathology Reports Date(s) of Service and/or medical information specific to this request:  1/1/18 - present		
Authorization, in writing, at any time. I also understa impact any action taken in reliance on this Authorizat revocation.	tion prior to PrimeCare Medical's receipt of my written		
I understand that my treatment may not be conditioned on my agreement to sign this Authorization. I also understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the persons listed above and may no longer be protected.			
I understand the nature of this Authorization.  Charles Interior TR 10/25/2019  Patient Signature Date			
If the above signatory is a personal representative, their legal relationship to the patient/client is:  Charles Freitag, Jr.: son, and administrator of the estate of Charles Freitag			
Signature of staff person obtaining authorization:			
abuse treatment information, the following statement	Health Records, HIV-related information, or substance must be included with the information being released:		
This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose.			

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### DONALD PETRILLE, JR., ESQUIRE

Register of Wills and Clerk of the Orphans' Court **Bucks County Administration Building** 55 E. Court Street, Doylestown, PA 18901

### SHORT CERTIFICATE

Commonwealth of Pennsylvania

**County of Bucks** 

I, DONALD PETRILLE, JR., ESQUIRE, Register of Wills in and for the County of Bucks, in the Commonwealth of Pennsylvania, DO HEREBY CERTIFY that on this 15th day of October, 2018, LETTERS OF ADMINISTRATION, on the Estate of Charles Joseph Freitag Sr. (aka Charles J. Freitag), deceased were granted to Charles Joseph Freitag Jr. having first been qualified well and truly to administer the same. And, I further certify that no revocation of said Letters appears of record in my office.

Given under my hand and seal of office this 15th day of October, 2018.

By: Donald Petrille, Jr Esquire

Register of Wills

Date of Death: August 25, 2018

Social Security No.: 195-48-0717

File No.: 2018-02982

NOT VALID WITHOUT SIGNATURE AND IMPRESSED SEAL

## DONALD PETRILLE, JR., ESQUIRE

REGISTER OF WILLS OF BUCKS COUNTY, PENNSYLVANIA CERTIFICATE OF GRANT OF LETTERS

Estate of: Charles Joseph Freitag Sr. (aka Charles J. Freitag)

Late of: Bensalem Township

File No.: 2018-02982

Date of Death: August 25, 2018

Social Security No.: 195-48-0717

WHEREAS, the Grant of LETTERS OF ADMINISTRATION is required for the administration of the estate;

NOW, THEREFORE, I, DONALD PETRILLE, JR., ESQUIRE, Register of Wills in and for the County of Bucks in the Commonwealth of Pennsylvania, hereby certify that I have this day granted LETTERS OF ADMINISTRATION to Charles Joseph Freitag Jr. who has duly qualified as Administrator of the estate of the above-named decedent and has agreed to administer the estate according to law, all of which fully appears of record in my office at Bucks County Courthouse, Doylestown, Pennsylvania.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of my office on this 15th day of October, 2018.



Donald Petrille, Jr., Esquire

Register of Wills

#### Lisa M. Del Vecchio

From:

Cal Barnett-Mayotte <cbarnettmayotte@krlawphila.com>

Sent:

Friday, October 26, 2018 11:54 AM

To:

Lisa M. Del Vecchio

Cc: Subject: Jonathan Feinberg
Request for medical records: Charles Freitag

Attachments:

Letters of Administration and PrimeCare Authorization.pdf

#### To Whom It May Concern:

I write to request medical records of Charles J. Freitag, Sr., DOB 8/31/1960, on behalf of Jonathan H. Feinberg, Esq., attorney of Mr. Freitag's estate (copied here). Mr. Freitag passed on 8/25/2018.

I have attached letters of administration for Charles Freitag Jr., Mr. Freitag's son, confirming that Mr. Freitag, Jr. is the administrator of Mr. Freitag, Sr.'s estate. I have also attached a signed authorization form from Mr. Freitag, Jr.

Thank you for your assistance in this matter. Let me know if you have any questions.

Sincerely,

Cal

Cal Barnett-Mayotte
Paralegal
Kairys, Rudovsky, Messing, Feinberg & Lin, LLP
The Cast Iron Building
718 Arch Street, Suite 501 South
Philadelphia, PA 19106
Office: 215-925-4400

Fax: 215-925-5365 www.krlawphila.com Pronouns: he/him/his

## REFUSAL TO CONSENT TO TREATMENT

Institution: BCF	Location:
Patient Name Charles Freetag	Patient #:
I have been advised by Dr/PA/NP RV	that it is necessary for me to
The ognins two	<del>Й</del>
The effect and nature of this treatment has been explained follow this treatment may seriously impair my life or heal recommended treatment. I assume the risks and conseque physician, the institution and its employees or agents, and attributable to my refusal to accept the recommended treat	th, I nevertheless refuse to submit to the nees of such refusal and release the above named PrimeCare Medical, Inc. from any liability ment.
Reason For Refusal:	
Or	
Problem No Longer Exists	t
Patient Name: Klarle Preitag	Date: 6,4,2018
Witness: Witness:	<b>9</b> 8 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

PCM Forms Manual © 2008 Revised 2012

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB; 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Flow Sheets Restraint Flow Sheet 1-3-2020

**Restraint Flow Sheet 1-3-2020** 

No flows records to display.

JA0000510

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male DOB: 08/31/1960 (Age 59) Height: 6ft 0in Weight: 172 lbs BMI: 23.3 SSN: 195-48-0717 Agency: county Location: [OUT] JMS ID: 125635 Allergies: NKMA

Sick Calls

## **Dental Sick Calls**

#### **Triage**

No Dental Sick Calls to display.

- · 08/25/2018: Emergency Flow Sheet
- 06/05/2018: Telephone / Verbal Order Form (Medical)
- 06/04/2018: 6b. Medication Verification Form -Mental Health

#### Medical

- 07/05/2018: Molly Longacre, PA
- · 06/05/2018: Megan Hughes, PA

#### **Dental**

#### **Mental Health**

- 08/23/2018: Christina Penge, LPC
- 08/22/2018: Jessica Mahoney, Psy.D.
   08/17/2018: Christina Penge, LPC

#### **CHARLES JOSEPH FREITAG**

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Sick Calls

#### **Medical Sick Calls**

#### Triage

- . 08/25/2018: Emergency Flow Sheet
- 06/05/2018: Telephone / Verbal Order Form (Medical)
- \u00fcd6/04/2018: 6b. Medication Verification Form -Mental Health

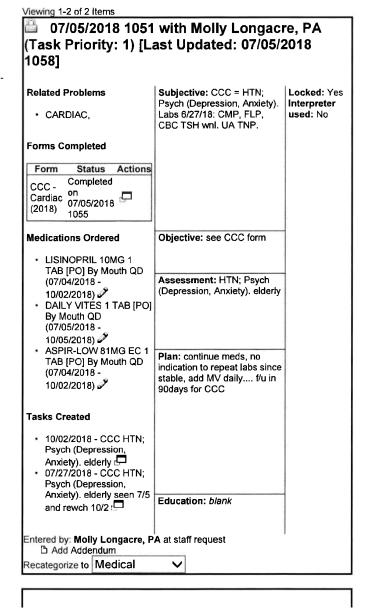
#### Medical

#### **Dental**

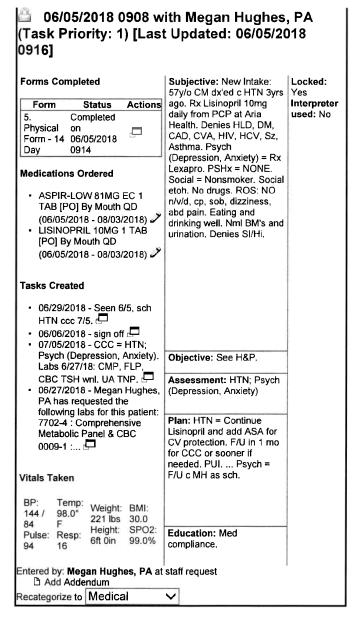
· No recent records

#### **Mental Health**

- 08/23/2018: Christina Penge, LPC
- 08/22/2018: Jessica Mahoney, Psy.D.
- 08/17/2018: Christina Penge, LPC



https://bucks.pcmemr.com/Modules/Chart/sick\_calls.php?cat=1



Viewing 1-2 of 2 Items

#### **CHARLES JOSEPH FREITAG**

Viewing 11-19 of 19 Items

< Previous

#2018003096

Low Bunk, Low Tier, MHSR-C

Sex: Male
DOB: 08/31/1960 (Age 59)
Height: 6ft 0in
Weight: 172 lbs
BMI: 23.3
SSN: 195-48-0717
Agency: county
Location: [OUT]
JMS ID: 125635
Allergies:
NKMA

Sick Calls

#### Mental Health Sick Calls

#### **Triage**

- 08/25/2018: Emergency Flow Sheet
- 06/05/2018: Telephone / Verbal Order Form (Medical)
- 06/04/2018: 6b. Medication Verification Form -Mental Health

#### Medical

- 07/05/2018: Molly Longacre, PA
- 06/05/2018: Megan Hughes, PA

#### Dental

· No recent records

#### **Mental Health**

07/31/2018 1427 with Avia James, LPC (Task Priority: 1) [Last Updated: 07/31/2018 1514] Related Problems Subjective: Please check in Locked: Yes today (7/31) at request of Interpreter Deputy Warden Mitchell. used: No PSYCHOLOGICAL / MENTAL HEALTH, Thanks! 07/31/2018, 02:26pm: pt seen by this writer in her office. Reported feeling like an "emotional Forms Completed wreck". reported thinking Form Status Actions about everything he's done to himself and family. Reported Mental Completed being in disbelief for being in Status 07/31/2018 jail. Reported "beating Examhimself up" for what he'd OLD 1514 done. Pt was tearful and highly emotional. Reported **Tasks Created** trial is on August 24. Reported his attorney was 08/01/2018 - LV3 🖵 attempting to get him 08/14/2018 - MH FU: see probation. Reported having a pt before trial 🗗 great deal of support from home, for which he was grateful. Discussed need to be placed on regular watch (LV3) and reviewed f/u protocol. Reviewed meds compliance and explored constructive coping skills to exercise daily. Objective: See MSE Assessment: Low risk of harm to self/others. Plan: Placed pt on LV3 watch. Education: Conducted MSE and provided supportive counseling. Assessed severity of sx and provided pertinent education. Entered by: Avia James, LPC at staff request Add Addendum Recategorize to Mental Health 🗸

Locked: Yes

Interpreter

used: No

## 6 06/28/2018 1615 with Avia James, LPC (Task Priority: 1) [Last Updated: 06/28/2018 1620]

(No Related Actions)

Subjective: 2 WK MH FU 06/28/2018, 03:10pm: pt seen by this writer in her office. Reported that he was feeling "relatively well" but slightly depressed "because I'm here". Went on to discuss ways to enhance sense of self and self-empowerment by helping others. Discussed the importance of finding the right balance between helping others and attending to self-care. Pt otherwise confirmed that he was taking his meds as rx and recommended and was otherwise keeping in contact with his family/peers for support.

Objective: Pt presented as alert and oriented x4. His speech was clear and he made good eye contact. His thought process/content was logical and organized. He was fully engaged and cooperative. His mood was euthymic with congruent affect. Pt denied SI/HI and/or AVH and/or delusions.

Assessment: No immediate risk of harm to self/others. MH sx appeared to be well managed with meds and self-employed coping skills.

Plan: CMHS to f/u with pt biweekly.

Education: Conducted MSE and assessed for immediate needs. Offered supportive counseling by exploring coping skills and providing positive reinforcement of constructive behaviors/attitudes.

Entered by: Avia James, LPC at staff request

□ Add Addendum

Recategorize to Mental Health >

#### 06/15/2018 1026 with Jessica Mahoney, Psy.D. (Task Priority: 1) [Last Updated: 06/15/2018 1033]

#### **Tasks Created**

Subjective: 1 WK PO3 FU Pt. seen in MH. Pt. reported that he is doing about the same. He shared that he keeps feeling badly about being here. He blames his charges on going off of his MH medications and feel that it never would have happened if he was taking them. He discussed wanting

Locked: Yes Interpreter used: No

Locked: Yes

Interpreter

used: No

MH to FU after he goes to court in august.

Objective: Pt. was alert and oriented. Pt. thinking was clear and his speech was normal. Pt. engaged and made appropriate eye contact. Pt. denied any SI/HI, AVH, or delusions. Pt. mood was pleasant and his affect was congruent. He was calm and cooperative.

**Assessment:** Pt. appears to be at a low risk for self harm. Pt. denied any MH concerns.

Plan: MH to FU as per protocol. Pt. tasked for psychiatry.

Education: Supportive counseling, discussion of MH symptoms, treatment planning.

Entered by: Jessica Mahoney, Psy.D. at staff request

Add Addendum

Recategorize to Mental Health V

#### 06/14/2018 0946 with Stephan Brautigam, PMHNP [Last Updated: 06/14/2018 1109]

#### Medications Ordered

- ESCITALOPRAM OXALATE 20MG 1 TAB [PO] By Mouth QD (06/14/2018 -09/12/2018)
- BUSPIRONÉ HCL 10MG 1 TAB [PO] By Mouth BID (06/14/2018 -09/11/2018)

#### Tasks Created

• 08/09/2018 - 8 week f/u

Subjective: "better than I was" Sentencing in August-Already had jury trial First incarceration Taking Lexapro in community. Has been taking for 9 months Friends February and August 2017-SA in august-Sleeping pills and whiskey- Cut self in August 2017 loss of brother, 3 friends and wife left him in span of 2 years Sleep fair, improving Appetite good Has support in community no problems on the block

Objective: AAO, pleasant and cooperative. mood is okay. Affect anxious. Speech clear shaky at times. TP linear. Content loss. I&J intact Denies AVH HI & SI

Assessment: unspec depression

**Plan:** 1. Continue Lexapro 2. Start Buspar 10mg BID 3. f/u 8 weeks

Education: Agrees with plan. Reviewed meds and sick call process

Entered by: Stephan Brautigam, PMHNP at patient request

D Add Addendum

Recategorize to Mental Health 🗸

 06/14/2018 0921 with Avia James, LPC (Task Priority: 1) [Last Updated: 06/14/2018 0932]

#### Tasks Created

• 06/28/2018 - 2 WK MH FU □ Subjective: Pt. is requesting therapy. - Chrissy 06/14/2018, 09:20am: pt seen by this writer in her office. This writer explained limitations of current setting in providing full therapy session. Pt verbalized his interest in periodic counseling sessions (bi-weekly) and groups.

Objective: Pt presented as alert and oriented x4. His speech was clear and he made good eye contact. His thought process/content was logical and organized. He was fully engaged and cooperative. His mood was euthymic with congruent affect. Pt denied SI/HI and/or AVH and/or delusions.

Assessment: Pt appeared to be at a low risk to harm self/others.

Plan: CMHS to f/u with pt biweekly. Will refer pt to MHgroups.

Education: Conducted MSE and provided supportive counseling, Explained CMHS and f/u options.

Entered by: Avia James, LPC at staff request

Add Addendum

Recategorize to Mental Health 🗸

# 06/11/2018 1025 with Christina Penge, LPC (Task Priority: 1) [Last Updated: 06/11/2018 1028]

(No Related Actions)

Subjective: 1/3 DAY PO3 FU Client seen at 10:25 am in the office. Client reported doing okay. Client stated the anxiety is decreasing over the past days. Client denied any major MH concerns. Client reported medication has helped.

Objective: Client cooperative and pleasant. Client was engaged and calm. Client was alert and oriented x3. Client was appropriately dressed and age appropriate. Client had good eye contact. Client's speech was clear with normal rate and tone. Client had limited insight and judgment. Client reported good appetite and sleep. Client denies SI, HI, and AVH with delusions.

Assessment: Client appeared low risk of self harm.

Plan: FU with MH as scheduled.

Locked: Yes Interpreter used: No

Locked: Yes Interpreter used: No

Interpreter

used: No

Education: Provided Supportive counseling, discussed Coping skills and treatment planning. Entered by: Christina Penge, LPC at staff request

06/08/2018 1420 with Avia James, LPC (Task Priority: 1) [Last Updated: 06/08/2018 1426]

#### Tasks Created

• 06/11/2018 - 1/3 DAY PO3 FU 🖵

Add Addendum

Recategorize to Mental Health 🗸

- 06/15/2018 1 WK PO3 FU 🖵
- 09/07/2018 90 DAY PO3 FU 👨

Subjective: PO3 06/08/2018, Locked: Yes 2:00pm: pt seen by this writer on block. Reported that he was feeling goo but slightly anxious, whenever he was thinking about his case and possibly losing his job of 25 yrs (post office). Reported that he was feeling better on meds and was otherwise exercising skills he'd learned through therapy, including positive self-talk and gratitudes

Objective: Pt presented as alert and oriented x4. His speech was clear and he made good eye contact. His thought process/content was slightly fearful with flight of ideas. Pt was fully engaged and cooperative. His mood was depressed and anxious with congruent affect. Pt denied SI/HI and/or AVH and/or delusions.

Assessment: Pt appeared to be at a low risk to harm self/others.

Plan: Will d/c PO3 and f/u per protocol.

Education: Conducted MSE and assessed immediate needs and overall mental stability. Provided supportive counseling and positive reinforcement of constructive behaviors.

Entered by: Avia James, LPC at staff request △ Add Addendum

Recategorize to Mental Health 🗸

06/06/2018 0808 with Avia James, LPC (Task Priority: 1) [Last Updated: 06/06/2018 0820]

**Forms Completed** 

Form Status Actions Completed Suicide Risk Assessment-06/06/2018 OLD 0819

**Tasks Created** 

Subjective: LOCKED MH LV2 - obtain informed consent and ROI 06/06/2018, 08:05am: pt seen by this writer in her office. Reported that he'd been feeling "relatively good" since he'd been taking the Lexapro. Pt went on to relay detail of last SA and the progress

Locked: Yes Interpreter used: No